24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
Right to Rise USA	C C00571372			
Check if 24-hour report X 48-hour report New report Amends report filed	on Mam / Dab / Yayayay			
Full Name of Payee Revolution Agency	Date of Public Distribution/Dissemination			
ů .	01 04 2016			
Mailing Address 1020 Princess Street	Amount			
City State Zip Code	729.30			
Alexandria VA 22314	Transaction ID : 001 Date of Disbursement or Obligation			
Purpose of Expenditure Media Production Category/ Type 004	01 05 2016			
Name of Federal Candidate Support Office	Sought: House District:			
Jeb Bush Oppose	President Senate State: IA			
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	orsement For:			
Full Name of Payee	Date of Public Distribution/Dissemination			
Revolution Agency	01 04 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 1020 Princess Street	Amount			
City State Zip Code	828.75			
Alexandria VA 22314	Transaction ID : 002 Date of Disbursement or Obligation			
Purpose of Expenditure Media Production Category/ Type 004	01 05 / 2016			
Name of Federal Candidate Support Office	e Sought: House District:			
Jeb Bush Oppose	President Senate State: NH			
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	orsement For:			
(a) SUBTOTAL of Itemized Independent Expenditures	1558.05			
	7 7			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Charles R. Spies [Electronically Filed] Date	1 06 2016			
Signature				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	DENT EXPEND	ITORLS		PAGE 2 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Right to Rise USA				C00571372
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Revolution Agency			Date of Public	: Distribution/Dissemination
Mailing Address 1020 Princess Street			01	04 2016
			Amount	
City Alexandria	State VA	Zip Code 22314	Transaction II	
Purpose of Expenditure Media Production		Category/ Type 004	Date of Disbu	rsement or Obligation 05 2016
Name of Federal Candidate		Support	Office Sought:	House District:
Jeb Bush		Oppose	X President	Senate State: SC
Calendar Year-To-Date Per Election for Office Sought		150331.50	Disbursement For: 2016 Other (spe	Primary General ecify) ▶
Full Name of Payee Revolution Agency			Date of Public	Distribution/Dissemination Output Distribution/Dissemination Output Distribution/Dissemination
Mailing Address 1020 Princess Street			Amount	
City	State	Zip Code		221.00
Alexandria Purpose of Expenditure	VA	22314	Transaction ID Date of Disbu	rsement or Obligation
Media Production		Category/ Type 004	01	05 / 2016
Name of Federal Candidate Jeb Bush		X Support	Office Sought:	House District:
Jeb Busii		Oppose		Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		100221.00	Disbursement For: 2016 Other (sp	Primary General ecify) ▶
(a) SUBTOTAL of Itemized Independent Exper	ditures		·	552.50
(b) SUBTOTAL of Unitemized Independent Exp	penditures			
(c) TOTAL Independent Expenditures			*	7 7
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorized			
Charles R. Spies Signature	[Electron	ically Filed] Date	01 06	2016
Jigitataro				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 3 OF 4 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
Right to Rise USA	C C00571372			
Check if 24-hour report X 48-hour report New report Amends report	filed on M = M / D = D / Y = Y = Y			
Full Name of Payee	Date of Public Distribution/Dissemination			
Revolution Agency	01			
Mailing Address 1020 Princess Street	Amount			
City State Zip Code	55.25			
Alexandria VA 22314	Transaction ID : 005 Date of Disbursement or Obligation			
Purpose of Expenditure Media Production Category/ Type 004	01 / 05 / Y Y Y Y Y			
Name of Federal Candidate Support C	Office Sought: House District:			
Jeb Bush Oppose	President Senate State: FL			
	Disbursement For:			
Full Name of Payee	Date of Public Distribution/Dissemination			
Revolution Agency	01 04 2016			
Mailing Address 1020 Princess Street	Amount			
City State Zip Code	22.10			
Alexandria VA 22314	Transaction ID : 006 Date of Disbursement or Obligation			
Purpose of Expenditure Media Production Category/ Type 004	01 / 05 / 2016			
Name of Federal Candidate Support	Office Sought: House District:			
Jeb Bush Oppose	President Senate State: CA			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: X Primary General 2016 Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures	77.35			
	7 7 7			
(b) SUBTOTAL of Unitemized Independent Expenditures	·			
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Charles R. Spies [Electronically Filed] Date	01 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Signature				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	PAGE 4 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Right to Rise USA	C C00571372
Check if 24-hour report X 48-hour report New report Amends re	eport filed on
Full Name of Payee Revolution Agency	Date of Public Distribution/Dissemination
Mailing Address 1020 Princess Street	01 04 2016 Amount
City State Zip Code	22.10
Alexandria VA 22314	Transaction ID : 007 Date of Disbursement or Obligation
Purpose of Expenditure Media Production Category/ Type 00	04 01 05 7 2016
Name of Federal Candidate Support	Office Sought: House District:
Jeb Bush Oppose	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	Amount
	Allouit
City State Zip Code	
Purpose of Expenditure Category/ Type	Date of Disbursement or Obligation
Name of Federal Candidate Support	t Office Sought: House District:
Oppose	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	22.10
(b) CURTOTAL of Unitermined Independent Europeditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	2210.00
Under penalty of perjury I certify that the independent expenditures reported herein we with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent.	
	ate 01 06 2016
Signature	